

Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST EMPLOYER**

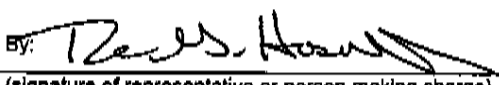
**INSTRUCTIONS:**

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
3-CA-288339	January 3, 2022

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

## 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Kaleida Health		b. Tel. No. (716) 630-8766
		c. Cell No.
d. Address (street, city, state ZIP code) 650 Airborne Parkway Buffalo, NY 14225	e. Employer Representative  Paul M. Coleman Director, Human Resources	f. Fax No. (716) 630-8674
		g. e-Mail pcoleman@kaleidahealth.org
		h. Dispute Location (City and State) Buffalo, NY
i. Type of Establishment (factory, nursing home, hotel) healthcare	j. Principal Product or Service  acute care hospital	k. Number of workers at dispute location  9000
l. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		
2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)		
<p>Since about December 6, 2021, the Employer has failed to bargain collectively and in good faith with Communications Workers of America, and its Local 1168, by unilaterally failing to abide by a grievance settlement regarding laboratory operations and movement of tests.</p>		

3. Full name of party filing charge (If labor organization, give full name, including local name and number) Communications Workers of America, Local 1168	
4a. Address (street and number, city, state, and ZIP code) 1900 Sweet Home Road, Amherst, NY 14228	4b. Tel. No. (716)639-1168
	4c. Cell No. (716)553-7631
	4d. Fax No.
	4e. e-Mail rhosinski@cwa1168.org
5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)	
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.	Tel. No. (716)639-1168
By:  (signature of representative or person making charge)	Office, if any, Cell No. (716)553-7631
Address: 1900 Sweet Home Road Amherst, NY 14228	Fax No.
Date: 1/3/2022	e-Mail rhosinski@cwa1168.org

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 03  
130 S Elmwood Ave Ste 630  
Buffalo, NY 14202-2465

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (716)551-4931  
Fax: (716)551-4972

January 27, 2022

Paul Coleman, Human Resources Director  
Kaleida Health  
650 Airborne Parkway  
Buffalo, NY 14225

Kaleida Health  
Case 03-CA-288339

Dear Mr. Coleman:

This is to advise you that I have approved the withdrawal of the charge in the above matter.

Very truly yours,

/s/ Nancy Wilson

NANCY WILSON  
Acting Regional Director

cc: Ronald Hosinski, Area Vice President  
Communication Workers of America  
Local 1168, AFL-CIO  
1900 Sweet Home Road  
Amherst, NY 14228

INTERNET  
FORM NLRB-501  
(2-08)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST EMPLOYER****DO NOT WRITE IN THIS SPACE**Case  
03-CA-288285Date Filed  
12/30/2021**INSTRUCTIONS:**

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

**1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT**

a. Name of Employer Kaleida Health- Millard Fillmore Suburban Hospital		b. Tel. No. (716) 859-2793
		c. Cell No. (716) 485-8990
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 1540 Maple Road NY Williamsville 14221	e. Employer Representative Holly Ann Georgell Chief Labor Relations Officer	g. e-Mail Hageorgell@kaleidahealth.org
		h. Number of workers employed 2000
i. Type of Establishment (factory, mine, wholesaler, etc.) Healthcare Facilities	j. Identify principal product or service Healthcare	
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 5 of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		

**2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)**

--See additional page--

**3. Full name of party filing charge (if labor organization, give full name, including local name and number)**Nora Moore Title: Administrative Organizer  
1199SEIU United Healthcare Workers East**4a. Address (Street and number, city, state, and ZIP code)**2421 Main Street  
NY Buffalo 142144b. Tel. No.  
(716) 913-5958


4c. Cell No.

4d. Fax No.  
(716) 876-09304e. e-Mail  
nora.moore@1199.org**5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)**

AFL-CIO

**6. DECLARATION**

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By 

(signature of representative or person making charge)

Nora Moore  
Title: Administrative Organizer

(Print/type name and title or office, if any)

Tel. No.  
(716) 913-5958

Office, if any, Cell No.

Fax No.  
(716) 876-0930e-Mail  
nora.moore@1199.org2421 Main Street  
Address Buffalo NY 1421412/29/2021 03:03:25 PM  
(date)**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)****PRIVACY ACT STATEMENT**

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## Basis of the Charge

### 8(a)(5)

Within the previous six months, the Employer failed and refused to bargain in good faith with the union as the collective bargaining representative of its employees by failing to furnish information requested by the union.

Date of request	Employer representative	List items requested	Date refused
08/20/2021	(b) (6), (b) (7)(C)	Copy of Contract between CSI and Kaleida	



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 03  
130 S Elmwood Ave Ste 630  
Buffalo, NY 14202-2465

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (716)551-4931  
Fax: (716)551-4972

February 8, 2022

Holly Ann Georgell, Chief Labor Relations Officer  
Kaleida Health- Millard Fillmore Suburban Hospital  
1540 Maple Road  
Williamsville, NY 14221

Kaleida Health- Millard Fillmore Suburban  
Hospital  
Case 03-CA-288285

Dear Ms. Georgell:

This is to advise you that I have approved the withdrawal of the charge in the above matter.

Very truly yours,

/s/ Linda M. Leslie

LINDA M. LESLIE  
Regional Director

cc: Nora Moore, Administrative Organizer  
1199SEIU United Healthcare Workers East  
2421 Main Street  
Buffalo, NY 14214

INTERNET  
FORM NLRB-501  
(2-08)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST EMPLOYER****DO NOT WRITE IN THIS SPACE**

Case

03-CA-288212

Date Filed

12/29/2021

**INSTRUCTIONS:**

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

**1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT**

a. Name of Employer Kaleida Health at Oishei Children's Hospital		b. Tel. No. (716) 859-2793
		c. Cell No. (716) 485-8990
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 100 High Street Room C281 NY Buffalo 14203	e. Employer Representative Holly Ann Georgell Chief Labor Relations Officer	g. e-Mail Hageorgell@kaleidahealth.org
		h. Number of workers employed 8000
i. Type of Establishment (factory, mine, wholesaler, etc.) Healthcare	j. Identify principal product or service Healthcare	
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 5 of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		

**2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)**

--See additional page--

**3. Full name of party filing charge (if labor organization, give full name, including local name and number)**Nora Moore Title: Administrative Organizer  
1199SEIU United Healthcare Workers East**4a. Address (Street and number, city, state, and ZIP code)**2421 Main Street  
NY Buffalo 142144b. Tel. No.  
(716) 913-59584c. Cell No.  
(716) 913-59584d. Fax No.  
(716) 876-09304e. e-Mail  
nora.moore@1199.org**5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)**

AFL-CIO

**6. DECLARATION**

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By Nora Moore  
(signature of representative or person making charge)Nora Moore  
Title: Administrative Organizer  
(Print/type name and title or office, if any)Tel. No.  
(716) 913-5958Office, if any, Cell No.  
(716) 913-5958Fax No.  
(716) 876-0930e-Mail  
nora.moore@1199.org2421 Main Street  
Address Buffalo NY 1421412/28/2021 02:59:13 PM  
(date)**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)****PRIVACY ACT STATEMENT**

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## Basis of the Charge

### 8(a)(5)

Within the previous six months, the Employer failed and refused to bargain in good faith with the union as the collective bargaining representative of its employees.

### 8(a)(5)

Within the previous six months, the Employer failed and refused to bargain in good faith with the union as the collective bargaining representative of its employees by making unilateral changes in terms and conditions of employment.

List Changes	Approximate date of change
(b) (6), (b) (7)(C) told employees not to go to the Union.	(b) (6), (b) (7) /2021
(b) (6), (b) (7)(C) directly dealt with our members	(b) (6), (b) (7) /2021
Employer met with employees in the IR dept without	12/01/2021
Employer imposed on-call to members in IR dept.	12/28/2021



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 03  
130 S Elmwood Ave Ste 630  
Buffalo, NY 14202-2465

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (716)551-4931  
Fax: (716)551-4972

January 24, 2022

Holly Ann Georgell, Chief Labor Relations Officer  
Kaleida Health at Oishei Children's Hospital  
100 High Street Room C281  
Buffalo, NY 14203

Kaleida Health at Oshei Children's Hospital  
Case 03-CA-288212

Dear Ms. Georgell:

This is to advise you that I have approved the withdrawal of the charge in the above matter.

Very truly yours,

/s/ NANCY WILSON

NANCY WILSON  
Acting Regional Director

cc: Nora Moore, Administrative Organizer  
1199SEIU United Healthcare Workers  
East  
2421 Main Street  
Buffalo, NY 14214



INTERNET  
FORM NLRB-501  
(2-08)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST EMPLOYER****DO NOT WRITE IN THIS SPACE**

Case

3-CA-285659

Date Filed

October 28, 2021

**INSTRUCTIONS:**

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

**1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT**

a. Name of Employer Kaleida Health		b. Tel. No. (716) 485-8990
		c. Cell No. (716) 485-8990
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 100 high street NY Buffalo 14213	e. Employer Representative Holly Georgell Esq. Chief Labor Relations Officer	g. e-Mail HAGeorgell@KaleidaHealth.org
		h. Number of workers employed 10000
i. Type of Establishment (factory, mine, wholesaler, etc.) Healthcare	j. Identify principal product or service acute care	
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 5 of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		

**2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)**

--See additional page--

**3. Full name of party filing charge (if labor organization, give full name, including local name and number)**Patrick M Weisansal II Title: Vice-President  
COMMUNICATION WORKERS OF AMERICA, Local 1168**4a. Address (Street and number, city, state, and ZIP code)**1900 sweet home road  
NY amherst 142284b. Tel. No.  
(716) 725-49534c. Cell No.  
(716) 725-4953

4d. Fax No.

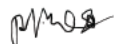
4e. e-Mail  
pweisansalii@cwa1168.org**5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)**

COMMUNICATION WORKERS OF AMERICA

**6. DECLARATION**

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By



(signature of representative or person making charge)

Patrick M Weisansal II  
Title: Vice-President

(Print/type name and title or office, if any)

Tel. No.  
(716) 725-4953Office, if any, Cell No.  
(716) 725-4953

Fax No.

e-Mail  
pweisansalii@cwa1168.org1900 sweet home road  
Address amherst NY 1422810/28/2021 03:03:03 PM  
(date)**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)****PRIVACY ACT STATEMENT**

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## Basis of the Charge

### 8(a)(5)

Within the previous six months, the Employer failed and refused to bargain in good faith with the union as the collective bargaining representative of its employees by failing to furnish information requested by the union.

Date of request	Employer representative	List items requested	Date refused
08/25/2021	(b) (6), (b) (7)(C)	Anecdotal notes of incident	09/15/2021
08/25/2021	(b) (6), (b) (7)(C)	Any and all witness statements	09/15/2021
08/25/2021	(b) (6), (b) (7)(C)	Corporate Compliance records of HIPAA violations	09/15/2021
08/25/2021	(b) (6), (b) (7)(C)	Medication orders for patients accessed	09/15/2021
08/25/2021	(b) (6), (b) (7)(C)	Pharmacy diversion reports	09/15/2021
08/25/2021	(b) (6), (b) (7)(C)	Medication orders for patients assigned	09/15/2021
08/25/2021	(b) (6), (b) (7)(C)	Patient assignments for grievant	09/15/2021
08/25/2021	(b) (6), (b) (7)(C)	Explanation of "recent activity is alarming" state	09/15/2021
08/25/2021	(b) (6), (b) (7)(C)	Monthly scan rate for grievant	09/15/2021
08/25/2021	(b) (6), (b) (7)(C)	information related to medication bag administered	09/15/2021
08/25/2021	(b) (6), (b) (7)(C)	Documentation of EAP being offered	09/15/2021
08/26/2021	(b) (6), (b) (7)(C)	Any complaints, concerns, statements pertaining	09/15/2021



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 03  
130 S Elmwood Ave Ste 630  
Buffalo, NY 14202-2465

Agency Website: [www.nlrb.gov](http://www.nlrb.gov)  
Telephone: (716)551-4931  
Fax: (716)551-4972

November 16, 2021

Holly Georgell, ESQ.,  
Chief Labor Relations Officer  
Kaleida Health  
100 high street  
Buffalo, NY 14213

Kaleida Health  
Case 03-CA-285659

Dear Ms. Georgell:

The Charging Party has asked to withdraw the above charge based upon a private agreement between the parties. I have approved this request, conditioned on the performance of the undertakings in that private agreement.

The charge is subject to reinstatement for further processing if the Charging Party requests reinstatement and supports its request with evidence of non-compliance with the undertakings in the private agreement.

Very truly yours,

/s/ Nancy Wilson

NANCY WILSON  
Acting Regional Director

cc: Patrick M Weisansal, Vice-President  
COMMUNICATION WORKERS OF  
AMERICA, Local 1168  
1900 sweet home road  
amherst, NY 14228

INTERNET  
FORM NLRB-501  
(2-08)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST EMPLOYER****DO NOT WRITE IN THIS SPACE**Case  
03-CA-282200Date Filed  
8/31/2021**INSTRUCTIONS:**

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

**1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT**

a. Name of Employer Kaleida Health		b. Tel. No. (716) 485-8990
		c. Cell No. (716) 485-8990
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 100 high street NY Buffalo 14203	e. Employer Representative Holly Georgell Esq. Chief Labor Relations Officer	g. e-Mail HAGeorgell@KaleidaHealth.org
		h. Number of workers employed 10000
i. Type of Establishment (factory, mine, wholesaler, etc.) Healthcare	j. Identify principal product or service acute care	
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 5 of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		

**2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)**

--See additional page--

**3. Full name of party filing charge (if labor organization, give full name, including local name and number)**Patrick M Weisansal II Title: Vice-President  
Communications Workers of America, Local 1168**4a. Address (Street and number, city, state, and ZIP code)**1900 sweet home road  
NY amherst 142284b. Tel. No.  
(716) 725-49534c. Cell No.  
(716) 725-4953

4d. Fax No.

4e. e-Mail  
pweisansalii@cwa1168.org**5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)**

Communications Workers of America

**6. DECLARATION**

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By



(signature of representative or person making charge)

Patrick M Weisansal II  
Title: Vice-President

(Print/type name and title or office, if any)

Tel. No.  
(716) 725-4953Office, if any, Cell No.  
(716) 725-4953

Fax No.

e-Mail  
pweisansalii@cwa1168.org1900 sweet home road  
Address amherst NY 1422808/30/2021 01:28:44 PM  
(date)**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)****PRIVACY ACT STATEMENT**

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## Basis of the Charge

### 8(a)(5)

Within the previous six months, the Employer failed and refused to bargain in good faith with the union as the collective bargaining representative of its employees by failing to furnish information requested by the union.

Date of request	Employer representative	List items requested	Date refused
08/02/2021	(b) (6), (b) (7)(C)	Any and all anecdotal notes pertaining to the inci	08/04/2021
08/02/2021	(b) (6), (b) (7)(C)	Any and all witness statements	08/04/2021
08/02/2021	(b) (6), (b) (7)(C)	Coworker complaint letters	08/04/2021
08/02/2021	(b) (6), (b) (7)(C)	Interview conducted of all ILCU staff	08/04/2021



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 03  
130 S Elmwood Ave Ste 630  
Buffalo, NY 14202-2465

Agency Website: [www.nlrb.gov](http://www.nlrb.gov)  
Telephone: (716)551-4931  
Fax: (716)551-4972

November 17, 2021

Erin Schaefer, ESQ.  
875 Third Avenue,  
Epstein Becker & Green, P.C.  
New York, NY 10022

Kaleida Health  
Case 03-CA-282200

Dear Ms. Schaefer:

The Charging Party has asked to withdraw the above charge based upon a private agreement between the parties. I have approved this request, conditioned on the performance of the undertakings in that private agreement.

The charge is subject to reinstatement for further processing if the Charging Party requests reinstatement and supports its request with evidence of non-compliance with the undertakings in the private agreement.

Very truly yours,

/s/ Nancy Wilson

NANCY WILSON  
Acting Regional Director

cc: Holly Georgell, Chief Labor Relations  
Officer  
Kaleida Health  
100 high street  
Buffalo, NY 14203

Patrick M Weisansal, Vice-President  
Communications Workers of America,  
Local 1168  
1900 Sweet Home Road  
Amherst, NY 14228


UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST EMPLOYER**

**INSTRUCTIONS:**

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
03-CA-281142	8/11/2021

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT		
a. Name of Employer Kaleida Health		b. Tel. No. (716)859-8000
		c. Cell No.
d. Address (street, city, state ZIP code) 726 Exchange St., Buffalo, NY 14210	e. Employer Representative Robert Heftka Labor Relations Counsel	f. Fax No.
		g. e-Mail rheftka@kaleidahealth.org
		h. Dispute Location (City and State) Buffalo, NY
i. Type of Establishment (factory, nursing home, hotel) Hospital	j. Principal Product or Service Acute Care	k. Number of workers at dispute location 10000
l. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), (1) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		
2. Basis of the Charge ( <i>set forth a clear and concise statement of the facts constituting the alleged unfair labor practices</i> ) Since about June 2, 2021, the Employer has failed to bargain collectively and in good faith with CWA 1168, by failing and refusing to timely provide and/or unreasonably delaying providing relevant and necessary information initially requested by Patrick Weisansal on June 2, 2021.		

3. Full name of party filing charge ( <i>if labor organization, give full name, including local name and number</i> ) Communication Workers of America 1168		
4a. Address (street and number, city, state, and ZIP code) 1900 Sweet Home Road, Amherst, NY 14228		4b. Tel. No. (716)725-4953
		4c. Cell No. (716)725-4953
		4d. Fax No.
		4e. e-Mail pweisansalii@cwa1168.org
5. Full name of national or international labor organization of which it is an affiliate or constituent unit ( <i>to be filled in when charge is filed by a labor organization</i> ) Communication Workers of America 1168		
6. DECLARATION I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.		Tel. No. (716)725-4953
By: 	Patrick Weisansal II Vice President	Office, if any, Cell No. (716)725-4953
(signature of representative or person making charge)	Print Name and Title	Fax No.
Address: 1900 Sweet Home Road, Amherst, NY 14228	Date:	e-Mail pweisansalii@cwa1168.org

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**  
**PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 *et seq.* The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

1-2985927101



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 03  
130 S Elmwood Ave Ste 630  
Buffalo, NY 14202-2465

Agency Website: [www.nlrb.gov](http://www.nlrb.gov)  
Telephone: (716)551-4931  
Fax: (716)551-4972

November 19, 2021

Robert Heftka, Labor Relations Counsel  
Kaleida Health  
726 Exchange Street  
Buffalo, NY 14210

Re: Kaleida Health  
Case 03-CA-281142

Dear Mr. Heftka:

Your request to withdraw the charge you filed against Kaleida Health is based upon a private agreement between the parties on the matters underlying this charge. I have approved this withdrawal request, conditioned on the performance of the undertakings in the private agreement between the parties. The charge is subject to reinstatement for further processing if the charging party's request for reinstatement is supported by evidence of noncompliance with the undertakings in the private agreement.

Very truly yours,

/s/NANCY WILSON

NANCY WILSON  
Acting Regional Director

cc: Patrick Weisansal, Vice President  
Communications Workers of America,  
Local 1168  
1900 Sweet Home Road  
Buffalo, NY 14228



UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
CHARGE AGAINST EMPLOYER

## DO NOT WRITE IN THIS SPACE

Case

3-CA-276183

Date Filed

April 26, 2021

## INSTRUCTIONS:

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

## 1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT

a. Name of Employer Kaleida Health		b. Tel. No. 716-859-8589
		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 726 Exchange Street Buffalo, New York 14210-1484	e. Employer Representative Carla DiCanio-Clarke, Director of Strategic Initiatives	g. e-Mail cdicanioclarke@kaleidahealth.
		h. Number of workers employed 1,000+
i. Type of Establishment (factory, mine, wholesaler, etc.) hospital	j. Identify principal product or service healthcare	

k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) (3) \_\_\_\_\_ of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

## 2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Since on or about April 23, 2020, the above-named Employer, by its agents, interfered with, restrained and/or coerced employees in the exercise of their section 7 rights. Specifically, the Employer unlawfully refuses to allow employees to wear Union headbands with the message #HandsOffOurMidwives printed on them.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)  
Communications Workers of America, AFL-CIO

4a. Address (Street and number, city, state, and ZIP code)

80 Pine Street, 37th Floor  
New York, New York 10005

4b. Tel. No. (212) 344-2515

4c. Cell No.

4d. Fax No. (212) 425-2947

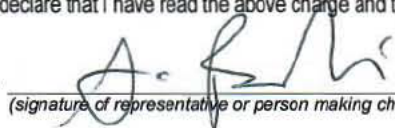
4e. e-Mail

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization) Communications Workers of America, AFL-CIO

## 6. DECLARATION

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By



(signature of representative or person making charge)

Sumanth Bollepalli, District Counsel

(Print/type name and title or office, if any)

Tel. No. (718) 350-0591

Office, if any, Cell No.

Fax No.

e-Mail

sbollepalli@cwa-union.org

Address 80 Pine Street, 37th Floor, New York, New York 10005

4/26/21

(date)

WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)

## PRIVACY ACT STATEMENT

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD  
SETTLEMENT AGREEMENT

IN THE MATTER OF  
Kaleida Health

Case 03-CA-276183

Subject to the approval of the Regional Director for the National Labor Relations Board, the Charged Party and the Charging Party **HEREBY AGREE TO SETTLE THE ABOVE MATTER AS FOLLOWS:**

**POSTING OF NOTICE** — After the Regional Director has approved this Agreement, the Regional Office will send copies of the approved Notice to the Charged Party in English and in additional languages if the Regional Director decides that it is appropriate to do so. A responsible official of the Charged Party will then sign and date those Notices and immediately post them in its 1540 Maple Road, Williamsville, New York facility where the Charged Party normally posts notices to employees. If the Employer's place of business is currently closed and a substantial number of employees are not reporting to the facility due to the Coronavirus pandemic or is operating with less than a substantial complement of employees, the 60 consecutive day period for posting will begin when the Employer's place of business reopens and a substantial complement of employees have returned to work. For purposes of this notice posting, a substantial complement of employees is at least 50% of the total number of employees employed by the Employer prior to closing its business due to the Coronavirus pandemic. The Charged Party will keep all Notices posted for 60 consecutive days after the initial posting.

**COMPLIANCE WITH NOTICE** — The Charged Party will comply with all the terms and provisions of said Notice.

**SCOPE OF THE AGREEMENT** — This Agreement settles only the allegations in the above-captioned case(s), including all allegations covered by the attached Notice to Employees made part of this agreement, and does not settle any other case(s) or matters. It does not prevent persons from filing charges, the General Counsel from prosecuting complaints, or the Board and the courts from finding violations with respect to matters that happened before this Agreement was approved regardless of whether General Counsel knew of those matters or could have easily found them out. The General Counsel reserves the right to use the evidence obtained in the investigation and prosecution of the above-captioned case(s) for any relevant purpose in the litigation of this or any other case(s), and a judge, the Board and the courts may make findings of fact and/or conclusions of law with respect to said evidence.

**PARTIES TO THE AGREEMENT** — If the Charging Party fails or refuses to become a party to this Agreement and the Regional Director determines that it will promote the policies of the National Labor Relations Act, the Regional Director may approve the settlement agreement and decline to issue or reissue a Complaint in this matter. If that occurs, this Agreement shall be between the Charged Party and the undersigned Regional Director. In that case, a Charging Party may request review of the decision to approve the Agreement. If the General Counsel does not sustain the Regional Director's approval, this Agreement shall be null and void.


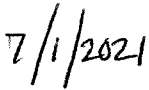
**AUTHORIZATION TO PROVIDE COMPLIANCE INFORMATION AND NOTICES DIRECTLY TO CHARGED PARTY** — Counsel for the Charged Party authorizes the Regional Office to forward the cover letter describing the general expectations and instructions to achieve compliance, a conformed settlement, original notices and a certification of posting directly to the Charged Party. If such authorization is granted, Counsel will be simultaneously served with a courtesy copy of these documents.

Yes \_\_\_\_\_  
                    Initials

No \_\_\_\_\_  
                    Initials

**PERFORMANCE** — Performance by the Charged Party with the terms and provisions of this Agreement shall commence immediately after the Agreement is approved by the Regional Director, or if the Charging Party does

**NOTIFICATION OF COMPLIANCE** — Each party to this Agreement will notify the Regional Director in writing what steps the Charged Party has taken to comply with the Agreement. This notification shall be given within 5 days, and again after 60 days, from the date of the approval of this Agreement. If the Charging Party does not enter into this Agreement, initial notice shall be given within 5 days after notification from the Regional Director that the Charging Party did not request review or that the General Counsel sustained the Regional Director's approval of this agreement. No further action shall be taken in the above captioned case(s) provided that the Charged Party complies with the terms and conditions of this Settlement Agreement and Notice.

<b>Charged Party</b> <b>Kaleida Health</b>		<b>Charging Party</b> <b>Communications Workers of America, AFL-CIO</b>	
By:	Name and Title	Date	
			
Print Name and Title below Director Human Resources		Print Name and Title below	
Recommended By:		Date	
Michael Dahlheimer Field Examiner		Approved By:	
		Date	
		PAUL J. MURPHY Regional Director, Region 3	



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 03  
130 S Elmwood Ave Ste 630  
Buffalo, NY 14202-2465

Agency Website: [www.nlrb.gov](http://www.nlrb.gov)  
Telephone: (716)551-4931  
Fax: (716)551-4972

November 1, 2021

**VIA EMAIL ONLY**

Riane F. Lafferty, Attorney  
Bond, Schoeneck & King PLLC  
Avant Building - Suite 900  
200 Delaware Avenue  
Buffalo, NY 14202-2107  
[rlafferty@bsk.com](mailto:rlafferty@bsk.com)

Re: Kaleida Health  
Case 03-CA-276183

Dear Ms. Lafferty:

The above-captioned case has been closed on compliance. Please note that the closing is conditioned upon continued observance of the informal Settlement Agreement.

Very truly yours,

/s/Miguel Rodriguez

Miguel Rodriguez  
Deputy to the Assistant General Counsel

cc: Carla Dicanio-Clarke, HR Director  
Kaleida Health  
726 Exchange Street  
Buffalo, NY 14210-1484  
[cdicanioclarke@kaleidahealth.org](mailto:cdicanioclarke@kaleidahealth.org)

Sumanth Bollepalli, District Counsel  
Communications Workers of America,  
AFL-CIO  
80 Pine Street, 37th Floor  
New York, NY 10005-1728  
[sbollepalli@cwa-union.org](mailto:sbollepalli@cwa-union.org)

INTERNET  
FORM NLRB-501  
(2-08)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST EMPLOYER****DO NOT WRITE IN THIS SPACE**

Case

**3-CA-275934**

Date Filed

**April 21, 2021****INSTRUCTIONS:**

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

**1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT**

a. Name of Employer Kaleida Health System		b. Tel. No. (716) 568-6648
		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 1540 Maple Rd NY Williamsville 14221	e. Employer Representative Leanne Pawlak HR Manager	g. e-Mail lpawlak@kaleidahealth.org
		h. Number of workers employed 1500
i. Type of Establishment (factory, mine, wholesaler, etc.) Healthcare Facilities	j. Identify principal product or service Hospital	
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 5,2 of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		

**2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)**

--See additional page--

**3. Full name of party filing charge (if labor organization, give full name, including local name and number)**Robert V. Andruszko  
CWA Local 1168

Title:

**4a. Address (Street and number, city, state, and ZIP code)**85 Tanglewood Dr  
NY Orchard Park 141274b. Tel. No.  
(716) 341-47464c. Cell No.  
(716) 341-4746

4d. Fax No.

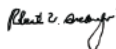
4e. e-Mail  
randruszko@cwa1168.org**5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)**

AFL-CIO

**6. DECLARATION**

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By



Robert V. Andruszko

Title:

(signature of representative or person making charge)

(Print/type name and title or office, if any)

Tel. No.  
(716) 341-4746Office, if any, Cell No.  
(716) 341-4746

Fax No.

e-Mail  
randruszko@cwa1168.org

85 Tanglewood Dr

Address Orchard Park NY 14127

04/21/2021 02:49:18 PM  
(date)**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)****PRIVACY ACT STATEMENT**

Solicitation of the information on this form is authorized by the National Labor Relations Act (NLRA), 29 U.S.C. § 151 et seq. The principal use of the information is to assist the National Labor Relations Board (NLRB) in processing unfair labor practice and related proceedings or litigation. The routine uses for the information are fully set forth in the Federal Register, 71 Fed. Reg. 74942-43 (Dec. 13, 2006). The NLRB will further explain these uses upon request. Disclosure of this information to the NLRB is voluntary; however, failure to supply the information will cause the NLRB to decline to invoke its processes.

## **Basis of the Charge**

### **8(a)(2)**

Within the previous six months, the Employer unlawfully dominated or controlled the operations of a labor organization.

### **8(a)(5)**

Within the previous six months, the Employer failed and refused to bargain in good faith with the union as the collective bargaining representative of its employees by failing to furnish information requested by the union.



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 03  
130 S Elmwood Ave Ste 630  
Buffalo, NY 14202-2465

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (716)551-4931  
Fax: (716)551-4972

May 5, 2021

Leanne Pawlak, HR Manager  
Kaleida Health System  
1540 Maple Rd  
Williamsville, NY 14221

Re: Kaleida Health System  
Case 03-CA-275934

Dear Ms. Pawlak:

This is to advise you that I have approved the withdrawal of the charge in the above matter.

Very truly yours,

/s/ Paul J. Murphy

PAUL J. MURPHY  
Regional Director

cc: Robert V. Andruszko  
CWA Local 1168  
85 Tanglewood Dr  
Orchard Park, NY 14127



Form NLRB - 501 (2-08)

UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST EMPLOYER**

**INSTRUCTIONS:**

DO NOT WRITE IN THIS SPACE	
Case	Date Filed
3-CA-272192	February 4, 2021

File an original of this charge with NLRB Regional Director in which the alleged unfair labor practice occurred or is occurring.

**1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT**

a. Name of Employer Kaleida Health (Buffalo General Medical Center)		b. Tel. No. (716)859-5600
		c. Cell No. (716)323-6638
d. Address (street, city, state ZIP code) 100 Highstreet, Buffalo, NY 14203	e. Employer Representative James Kawalec Human Resources	f. Fax No.
		g. e-Mail jkawalec@kaleidahealth.org
		h. Dispute Location (City and State) Buffalo, NY
i. Type of Establishment (factory, nursing home, hotel) Hospital	j. Principal Product or Service Health Care	k. Number of workers at dispute location 200

1. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a)(1) and (5) of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.

2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)

Since about February 2020 and continuing to present, the Employer has failed to bargain collectively and in good faith with 1199SEIU United Healthcare Workers East, by allowing supervisory employees and non-bargaining unit members perform bargaining unit work.

3. Full name of party filing charge (if labor organization, give full name, including local name and number)

1199SEIU United Healthcare Workers East

4a. Address (street and number, city, state, and ZIP code)

(b) (6), (b) (7)(C)

4b. Tel. No.

(b) (6), (b) (7)(C)

4c. Cell No.

4d. Fax No.

4e. e-Mail

(b) (6), (b) (7)(C)

5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)

1199SEIU United Healthcare Workers East

**6. DECLARATION**

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

(b) (6), (b) (7)(C)

Tel. No.

(b) (6), (b) (7)(C)

Office, if any, Cell No.

(b) (6), (b) (7)(C)

Print Name and Title

Fax No.

Address

(b) (6), (b) (7)(C)

Date:

e-Mail

(b) (6), (b) (7)(C)

**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)**

**PRIVACY ACT STATEMENT**

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(b) (6), (b) (7)(C)





UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 03  
130 S Elmwood Ave Ste 630  
Buffalo, NY 14202-2465

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (716)551-4931  
Fax: (716)551-4972

February 17, 2021

James Kawalec, Human Resources  
Kaleida Health (Buffalo General Medical Center)  
100 Highstreet  
Buffalo, NY 14203

Re: Kaleida Health (Buffalo General Medical  
Center)  
Case 03-CA-272192

Dear Mr. Kawalec:

This is to advise you that I have approved the withdrawal of the charge in the above matter.

Very truly yours,

/s/ Paul J. Murphy

PAUL J. MURPHY  
Regional Director

cc: (b) (6), (b) (7)(C)  
1199SEIU United Healthcare Workers  
East  
(b) (6), (b) (7)(C)

INTERNET  
FORM NLRB-501  
(2-08)UNITED STATES OF AMERICA  
NATIONAL LABOR RELATIONS BOARD  
**CHARGE AGAINST EMPLOYER****DO NOT WRITE IN THIS SPACE**

Case

3-CA-271631

Date Filed

January 21, 2021

**INSTRUCTIONS:**

File an original with NLRB Regional Director for the region in which the alleged unfair labor practice occurred or is occurring.

**1. EMPLOYER AGAINST WHOM CHARGE IS BROUGHT**

a. Name of Employer Kaleida Health		b. Tel. No. (716) 859-5600
		c. Cell No.
		f. Fax No.
d. Address (Street, city, state, and ZIP code) 726 Exchange st. NY Buffalo 14210	e. Employer Representative Carla Dicanio-Clark	g. e-Mail cdicanioclarke@kaleidahealth.org
		h. Number of workers employed 3000
i. Type of Establishment (factory, mine, wholesaler, etc.) Healthcare	j. Identify principal product or service	
k. The above-named employer has engaged in and is engaging in unfair labor practices within the meaning of section 8(a), subsections (1) and (list subsections) 5 of the National Labor Relations Act, and these unfair labor practices are practices affecting commerce within the meaning of the Act, or these unfair labor practices are unfair practices affecting commerce within the meaning of the Act and the Postal Reorganization Act.		

**2. Basis of the Charge (set forth a clear and concise statement of the facts constituting the alleged unfair labor practices)**

--See additional page--

**3. Full name of party filing charge (if labor organization, give full name, including local name and number)**Aaron Philip Archie  
1199SEIU

Title: Union Organizer

**4a. Address (Street and number, city, state, and ZIP code)**2421 Main Street  
NY Buffalo 142144b. Tel. No.  
(716) 995-37014c. Cell No.  
(716) 913-80564d. Fax No.  
(716) 876-09304e. e-Mail  
aaron.archie@1199.org**5. Full name of national or international labor organization of which it is an affiliate or constituent unit (to be filled in when charge is filed by a labor organization)**

National

**6. DECLARATION**

I declare that I have read the above charge and that the statements are true to the best of my knowledge and belief.

By



(signature of representative or person making charge)

Aaron Philip Archie  
Title: Union Organizer

(Print/type name and title or office, if any)

Tel. No.  
(716) 995-3701Office, if any, Cell No.  
(716) 913-8056Fax No.  
(716) 876-0930e-Mail  
aaron.archie@1199.org2421 Main Street  
Address Buffalo NY 142141/21/2021 15:51:33  
(date)**WILLFUL FALSE STATEMENTS ON THIS CHARGE CAN BE PUNISHED BY FINE AND IMPRISONMENT (U.S. CODE, TITLE 18, SECTION 1001)****PRIVACY ACT STATEMENT**

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## Basis of the Charge

### 8(a)(5)

Within the previous six months, the Employer failed and refused to bargain in good faith with the union as the collective bargaining representative of its employees by making unilateral changes in terms and conditions of employment.

List Changes	Approximate date of change
Making changes to a already final posted schedule with out the consent of the members	12/30/2020



UNITED STATES GOVERNMENT  
NATIONAL LABOR RELATIONS BOARD

REGION 03  
130 S Elmwood Ave Ste 630  
Buffalo, NY 14202-2465

Agency Website: [www.nlr.gov](http://www.nlr.gov)  
Telephone: (716)551-4931  
Fax: (716)551-4972

February 8, 2021

Carla Dicanio-Clark  
Kaleida Health  
726 Exchange st.  
Buffalo, NY 14210

Re: Kaleida Health  
Case 03-CA-271631

Dear Ms. Dicanio-Clark:

This is to advise you that I have approved the withdrawal of the charge in the above matter.

Very truly yours,

/s/ Paul J. Murphy

PAUL J. MURPHY  
Regional Director

cc: Aaron Philip Archie, Union Organizer  
1199SEIU  
2421 Main Street  
Buffalo, NY 14214